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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 470

#### CERTIFICATE OF DEATH

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Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Cescl	(For neyborn infinite give residence of mother) Sizte County Court Courty		
City or town	City or town Mean Elloton ind.		
How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town)		
nospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Florence W Hbernathy			
4. Sex 5. Color or race 6.(a) Single, married, wirewed, or divorced	MEDICAL CERTIFICATION 40		
terrale White Widowed	20. DATE OF DEATH Praich 4 1946 at 10 p. M		
6.(b) Name of husband or wife albert J. abernathy	21. I CERTIFY that death occurred on the date above stared; that attended deceased from		
	Dee, & 1847, to wasel of 19 70		
7. Birth date of deceased (mo., day, yr.) 1709-20-1874	and that I last saw h. 42 allve on Oh 41 CA 5 19 T 6		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
71 6 12hrsmin.	Corcerone of very booking		
9. Birthplace (Town, county, and staty)	Due to		
10. Usual occupation tun and Director	Due to		
11. Industry or business	PUS (U		
12. Name William & Whitten	Diher conditions And A		
Z 13. Birthplace In 872 and			
E 14. Maiden name Elizabeth Tayloh	(Include pregnancy within 3 months of death)		
14. Malden name Elizabeth Taylor  15. Birthplace Haylond County md	Major findings of operations.		
700 (- /-/	Dale of op.		
16. Informant	Antopsy results		
Address Diston, 18.10.3 md	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, camation, Tenoval, Which?)  (Burial, camation, Tenoval, Which?)	Accident, suicide, or homicide		
Cemetery of cramatory Cherry Tyell	Where did injury occur?		
Location Mean Elation and,	Injured at home, farm, industry, public place (where?)		
1. P. Tenan	Meens of Injury Injury® at work?		
18. Funeral director.	1		
Address of Plain sun ma.	23. SIGNATURE mil ford W. XI reale, no.		
19, Mar 5 19 46 511 Fully Registrar	Address Ecle In he Date signed Warehal		
(house of a) regionary	Anness		

RECEIVED MAR 8 1946 BUREAU V. B.

#### CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	Cecil		•••••••••••••••	State Penna. County Delaware			
City or town	ainbridge	imits, write RI	URAL and give nearest town)				
Now long in above place	e of death?	2 days	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City or town West Grove (If outside city or town limits, write RURAL and give near	est town)		
Hospital, Institution, Q	r street address where	death occurred:	and alone Mal	Street Mo. Evergreen Street, Route #1			
	l Hospital			(If rural, give LOCATION)	(If rural, give LOCATION)		
	or Institution?5	Januar	y 1940	2.(a) II veteran, name war			
3. (a) FULL NAM				3. (b) Social Security N	umber		
	THY, Paul						
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White	S	ingle	2D. DATE DF DEATH 3 March 1946	12:35P		
6.(b) Name of husband	or wife		) Il alive, give agoyears	21. I CERTIFY that death occurred on the date above stated; that I attended decease	ed from 19.46		
7. Birth date of				and that I last saw h im allve on 3 March	19 46		
deceased (mo., day,		2/01,19		Immediate cause of death Acute Nephritis	DURATION		
8. AGE: Yea		Days	If less than one day		62 day		
18		10					
9. BirthplaceCh	ester D U. S.	elaware county, and s	Penna.	Due to Streptococcal Infection (Acute Tonsillitis)	5 days		
11. Industry or busine			***************************************	Due to	***************************************		
111 111-111		nethy					
F	<u>u</u>	110011		* Other conditions	***************************************		
13. Birthplace				(Include pregnancy within 3 months of death)			
14. Maiden name				Major findings of operations			
2 15. Birthplace				Date of an			
16. Informani	decords (	Three		Autopsy results Confirmed above diagnosis			
2.	Numal 2d	11		PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address W.	unesols	Date there	ZM ax 30 1011-1	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, crematic	n, or removal, Which	?)	(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crema	tory						
Location 20	West	yro	we. Pal.	injured at home, farm, industry, public place (where?)			
	1 Koala	x. T	Hones of h	Means of Injury Injured at work?			
18. Funeral director Land Control of the Control of				La C. Dennette			
19. (C) the rec'd by registrar)  Registrar				23. SIGNATURE HARRY C. OARD, Capt. (MC)US	NR (M.D.		
				Address U.S. Naval Hospital, Bainbridge 3 Mar. 1946			
(Duto Ice a Dy I	-0		A	Address			

ADING INK. Supply every item of information carefully. The correct age. Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

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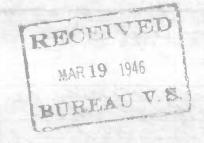
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 800

#### CERTIFICATE OF DEATH

02546

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newboy infants gife residence of mother)		
Cily or town (If ou side city or town limits, write RURAL and give nearest town)	State County County		
	City or town June / Hacke Valut My		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
	Street No		
	(If rural, give LOCATION)		
Now long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Henry W. Bailey J	2,		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or storced	MEDICAL CERTIFICATION		
m w single	20. DATE DF DEATH March 13, 19.46 at 7:20 P. M		
	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from		
6.(6) Name of husband or wife	Feb-24 1846 10 March 13 1946		
7. Birth date of 6.(c) If alive, give ageyears	and that I last saw h in allye on march 13, 1946		
deceased (mo., day, yr.)			
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death ADLESS OF STAIN DURATION		
hrsmin.			
Chitor (icil med			
B. Birthplace			
10. Usual occupation			
	Due to		
11. Industry or business			
12. Name Tenny W Beiley Sz.	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Witta M. Forrest  St. Birthplace Williams Con Lef			
10 15 States 1990 1 1- 100	Major findings of operations		
11 13. Orinpiace Villiania Company Por	Date of op.		
16. Informant Derson 1300 1300 150	Autopsy results.		
Address S.D. Hack John't med	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Buriel ma Lillie	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removul, 50)ch?)  Data thereof	Accident, suicide, or homicide		
10 1/1	Where did injury occur?		
Cometery or crematory			
Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director 6 dy and Tellano	Means of Injury Injured at work?		
Address Millain to My	Ohn & & La & h. A.		
741 150	23. SIGNATURE 2 Co Can Markey M. D. or other		
19 July 1976 Add Description 1976 Add Description	Medy neake It INTO ale de 2-15-46		



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

#### CERTIFICATE OF DEATH

02545 Reg. Diat. No. .....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Viz I A	State D.M. County Level
City or town (If outside city or town limits, write FURAL and give nearest town)	Mariana de la como de
How long to above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, institution or street address where death occurred:	Street No
and the small of the land to t	2.(a) If veteran, name war.
How long in hospital or institution?	3. (b) Social Security Number
Gloria Duje	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divopced	MEDICAL CERTIFICATION
or core surge	20. DATE OF DEATH MUSICA 22 1946, at 530 M
8.(b) Name of husband or wife	21. I CENTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 4 11 19 11 6	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years Mooths Days If less than one day	Immediate cause of death DURATION
2 . 8	Lober Inemoura
8. Birthplace Warwick with Coul	Due to
(Town, county, and state)	
10. Usual occupation	Bue to
11. Industry or business	
12. Hame. F. T. C.	Other conditions
Z 13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name CC Wellie Buyer.  15. Birthplace	Major findings of operations
15. Birthplace	
18. Interment Catherine Boyer	Autopsy results
Address Warwiek vol.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12:0 7/26/46	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burual Bate thereof 3/26/46 (month) (day) (year)	Accident, solcide, or homicide
Cemetery or crematory Sasafras, Williams	Where did injury occur?
Location	tajured et home, tarm, industry, public place (where?)
18. Funeral director Lessing . Caults .	Means of injury injured at work?
Address 827 Rive St Wilse Nel.	Alesocheon his
2/1	23. SIGH DURE. M. D. or other

y Louca Ber Receive 22 46 53 Lobrer Greensen in BUREAU walter leaven Cothenic Begin Villerglass, With Mexico bear had stand

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 314



## CERTIFICATE OF DEATH

02548

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
jumie a. prown	noul		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white	MEDICAL CERTIFICATION  20. DATE OF DEATH. Much 4 19 46 21 6 P M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. (20) alive on March 19 44		
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death  DURATION  Sycan  3 Works		
9. Birthplace Oulen Curry M. (Town, county, and state) 10. Usual occupation Putting Blacksmith	Due to.		
11. Industry or business	Due to		
12. Name James A Brown Ir.	Dther conditions		
14. Maiden name Mary Woolyham  15. Birthplace Mid.	(Include pregnancy within 3 months of death)  Major findings of operations		
man Banen O Branco			
Address 6 arelville Md.	Antopsy results PHYSICIAN: Please underling the cause to which death should be charged statistically.		
17. (Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or <del>or or o</del>	Where did injury occur? (City or town) (Connty) (State)		
Location Mega Garleville Mid.	Injured at home, farm, industry, public place (where?)		
18. Funeral director to Musual Fellows	Means of Injury Injured at work?		
Address Millington Mil	Hopp A		
19 7 761 19 46 About Registrar Registrar	23. SIGNATURE M. D. or other M. D. or other Address Medaletown Alel - Date signed 3 / 2/4/6		

THE OLD SEADING

RECEIVE 1946
BURYA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore gail

## CERTIFICATE OF DEATH

02549

			0
Reg.	Dist.	No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County C4C1C	
City or town Elle to N  (If outside city or town limits, write RURAL and give nearest town)	State County County
(If outside city or town limits, write RUKAL and give nearest town)	City or town Isuccepies Jurnace
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
UNION HOSP. ECKTON	Street No
Now long in hospital or institution? 7 da v.s	2,(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. Suido H	20. DATE OF DEATH Manch 30 1946 of H = Q
6.(6) Name of husband or wife William Cameron	21 CERTIFY that death occurred on the date above stated; that lattended deceased from
T. Birth date of deceased (mo., day, yr.) Clared 3, 186	and that I last saw h. Sacalive on Marsh. 29
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
6. AGE: 11 27min.	Chronic Red Cardella
9. Birthplace Edin bar ough 5 co + land	Due to.
10. Usual occupation Hause wife	
11. Industry or business & was Home	Due to
12 Name James Rocking	Other conditions.
E 13. Birthplace OUN KNOWN	
A 1 4	(Ioclude pregnancy withis 3 months of death)
	Major findings of operations.
15. Birthplace UN KNOWN	Date of op.
16. Informant Hosp ALCOYDS, UNION HOSP.	Actorsy results
Address Elkton, Ma.	
17. But 1 ac Burial, cremation, or removal. Which?)  Date thereof. At 3 /946 (mooth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory PXIHCIPLO FUXINGE	Where did lejary occur?
Location Principlo Fur Nace md	Injured at home, tarm, Industry, public place (where?)
18. Funeral great Le a. Calterson & Son	Means of Injury Injured at work?
Address Deveryville Md.	Or n garian gus.
18 Mar 131 1846 IR Frazes	23, SIGNATURE

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APR 3 1946
BUREAU V.B.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1620

## CERTIFICATE OF DEATH

	112558
Reg.	Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town (If ontside city or town limits, write RORAL and give nearest town)	State
How long in above place of death?	City or town. (If outside stey or town limits, write RUFAL and give nearest town)
How long in above place of death?	
Chesapeake City, Ind	Street No
New long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3, (b) Social Security Number
Josephine Mª Kenna	Consolly.
4. Sex 5. Color of race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
to who pridowed	march 1# 46
1 .60	20. DATE OF DEATH 19.77 al
6.(6) Name of husband or wife Come C. Comolly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give ageyears	May 1943 19 10 March 14 1844
7. Birth date of deceased (mo., day, yr.) Murch 4 1872	ond that I last saw h
8. AGE: Yesrs   Months   Days   It less than one day	Immediate cause of death
o. Aud.	Saile demotion 3 years
74 / / / / / min.	Daule Almentin 3 pacs
9. Birthplace (Town, county, and state)	Due to.
- 4 //	
10. Usual occupation.	Dus to
11. Industry or business	
12 Name Thomas ME/Cenna	Other conditions
12. Hame Softman Inches	
My man C /Yearing	(Include pregnancy within 8 months of death)
14. Maiden oame	Major findings of operations.
15. Birthplace Boftimore Ind	Date of op.
18. Informant has Fredrick Speed	Autopsy results
Address Chesapeake City Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
O · handle 11 101110	22. VIOLENCE: If death was due to external causes, fill to the tollowing;
(month) (day) (year)	Accident, suicide, or homicide
non-Cathedal	Where did injury occur?
Cemetery or crematory	
Location	Injured at home, tarm, industry, public place (where?)  Means of injury  Injured at work?
18. Funeral director. At W. Tifafara	McSus at titler) Tributed at mount
Address Clketon mod	11 (h) mi ma
0 12 11 N P.	23. SIGNATURE M. D. or other
19 (Date par'd by poristrar)	Address Cherpephe Cots Med Date signed 3/15/46

MAR 18 1946
BUREAU V.S.

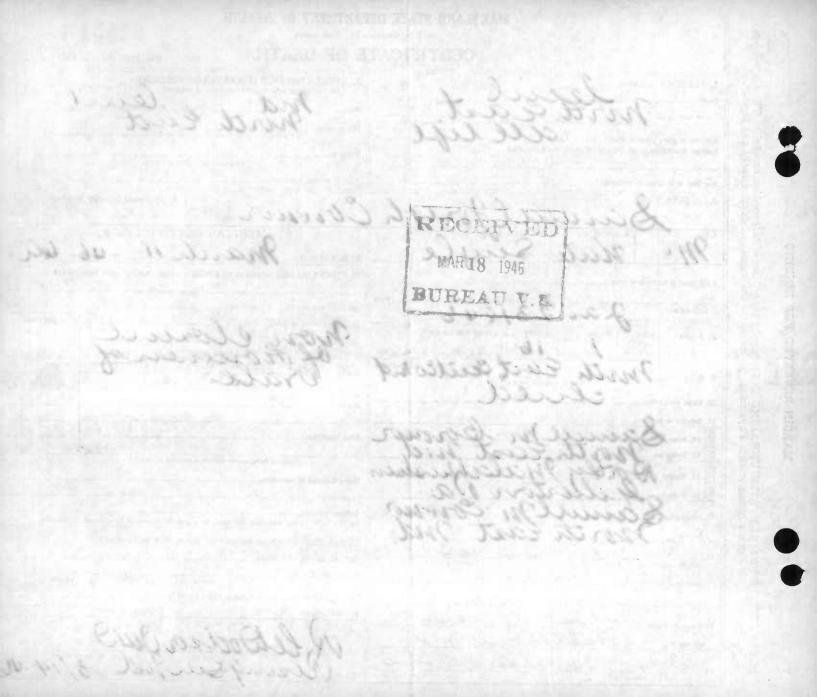
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 157-2 CERTIFICATE OF DEATH

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Res	Dist. N	ło	k	

	Z V Keg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  CAUCAL TO Solve of race   6.(a) Single, magned, widowed, or divorced	COUNTY 3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	20. DATE OF DEATH. MARK 11 19 U.C. 21 10 11 19 11 10 1
8.(b) Name of husband or wife	21. I CERTIFY that desth occurred on the date above stated; that f attended deceased from
8 (a) là alius adus ama	
7. Birth date of deceased (mo., day, yr.) an 23/946	and that f fast saw halive oo
8. AGE: Years Mooths Days It less than one day	Mon Oldali
9. Birthplace	Due to Wyalk
1D. Usuat occupation.	Due to
11. Industry or bosiness	
12. Name 2 August March Control Control	Diher conditions
# 14. Maiden no fitty mala sunsum	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthpiace Mulliton 10 a:	Bate of op.
16. toformant Samuel M. Conner.	Antopsy results
Address Burial Bate thereot march 14 198	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	Notifient, surface, of normal and
Cemetery or crematory	Where did injury occur?
Location Cliston Pural.	Injured at home, farm, lodustry, public place (where?)
18. Funeral director	Means of injury Injured at work?
Address Shorth East Mig	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  Registrar	Address   Company of the signed   The signed



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH 1. PLACE OF DEATH O 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State How long in above place of death?.. (If ontside city or town limits, write RURAL and give nearest town) Hospital, Institution, or sireet address where death occurred: (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 21. I PENTIFY that death occurred on the date above stated; that Mattended deceased from 7. Birlh date of deceased (mo., day, yr.) If less than one day 8. AGE: (Town, county, and state) 1D. Usual occupation 11. Industry or business 12. Name (Include pregnancy within 3 months of death) Major findings of operations ... 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur? ...... (City or town) Injured at home, farm, Industry, public place (where?) ..... Injured at work? Moons of injury 18. Funeral director. Addres

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CERTIFICAT	Reg. Dist. No.				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town	(If outside city or town limits, write RURAL and give nearest town				
How long in hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME Margoret B. Devl	3. (b) Social Security Number				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
J. Wh. Wedowed	20. DATE DF DEATH. Morol 21 1946 at 9 P.				
8.(6) Name of husband or wife. Device J. Device  7. Birth date of S. (c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  1976 to Manager 21 1946  and that I last saw harmalive on Manager 21 1946				
8. AGE: Years Months Days If less than one day  7 8 10 27	Immediate cause of death  Coult Coulting Coulting				
9. Birthpiace Lewisville Maylond (Town, county, and state)  10. Usual occupation Securities	Due to Chronic Myscarditis				
11. Industry or business	Due to				
12. Name Jahn Brown  13. Birthplace Lewisville Ind	Diher conditions				
14. Maiden name Ellen Perry	(Includo pregnancy within 3 months of death)				
14. Maiden name Clerky  15. Birthplace Ceril Co. Mid.	Major findings of operations.				
S. + Bonnes					
Address Elleton Monstond	Autopsy results PHYSICIAN: Please underline the canse to which death should be charged statistically.				
17. But hereof 24/46 (Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide				
Cemetery or crematory herry full	Where did Injury occur? (City or town) (County) (State)				
Location Cherry Hell Just	Injured at home, farm, industry, public place (where?)				
18. Funeral director H. W. T. ppin	Means of Injury Injured at work?				
Address Elkton Ind	23. SIGNATURE Therbert Salay in s.				
19. New V3 19.46 HIF respectively (Date ree'd by registror) Registrar	Address Lekeon 2nd Date signed 3/22/4				

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ag is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MAR 28 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-0

#### CERTIFICATE OF DEATH

02554

Date signed.....

	Rog. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infagts give residence of mother)
COUNTY	State Maryland, county bear
(If outside city or town limits, write RURAL and give nearest town)	1.10.
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
Union Hospital & Iklon, Ma	Street No
liow long in hospital or institution? 34 days	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sadie Foster	3. (0) Social Security Number
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale Toegra Single	marries 28 No He 120P
	ZU, DATE OF DEATH
S.(b) Heme of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
. Birth date of	3.4
Birth date of deceased (mo., day, yr.) 18 72	and that I last saw h. LY affive on Mar. 25 2 184
AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
	JAPONOUS GOLD FIBER
73 yearshrsmin.	1000ll- Protity malignosses
Birtholace Cecil County	Que ta
(Town, county, and state)	
10. Usual occupation. HouseRufser	Due to Pasaloges wal arreval 744
t 1. todustry or business	alling Account Childe Dollar
12. Rame Robert Foster	Lux-42
	Other conditions.
at the samplest	(Include pregnancy within 8 months of death)
14. Matdee name Margaret Clark  15. Birthplace No Russon	Major findings of operations
15. Birthplace no Record	
Katia Raine	Date of op.
8. Informant	Autopsy results
Address Warwick Ond.	
(Buris) crometion or remain Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation or removed Which?) (month) (day) (year)	Accident, suicide, or homicide
Cometery or econology & themas Orania limity	Where did injury occur?
Location man Church Town my	Injured al home, farm, Industry, public place (where?)
AUTO - L	Means of Injury thjured at work
18. Funeral director 1. June 1990	71 -1 20 00 00
Address Townsend hells	1 All Xnight
h - 1 - 1 1 201	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	FIRM - Mala 3/20/41
(Date rec'd by registrar)	Address Delicion II (Octo Date signed 3)414

Katir Brisco

RECOUVED

ARR 3 1946

BUREAU VR

MARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

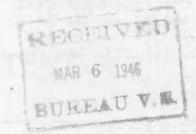
#### CERTIFICATE OF DEATH

02555

2

				Adg. Disc. No.	
1. PLACE OF DEATH: CECIL				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	Barrell Barrell
			Jond	Macc	
City or lown Bainbridge, Maryland (If outside city or town limits, write RURAL and give nearest town)			LAIIU	State Mass . County	······
How long in above place		1 Day	S.	City or town DOTCHES CET WASS  (if outside city or town limits, write RURAL and give	pearest town)
Hospital, Institution, o	or street address where		l:	Street No. 57 Chicktawbet St.	
			336-A	(If rural, give LOCATION)	
How long in hospital	How long in hospital or institution? World War No. 11		<u> </u>		
3. (a) FULL NAM	AE			3. (b) Social Secur	ity Number
FRA	ZIER, Wil	liam	Francis		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White		ried	2D. DATE OF DEATH 2 March 1946 19.	9:35
R (h) Name of highan	x. Rober	ta Ma	rilyn FRAZIER	21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from
B.(o) Hamo of Habban				11 February 19 46 to 2 Mar	ch 19.46
7. Birth date of			c) If alive, give ageyears	and that I last saw h im alive on 2-11-46	19
deceased (mo., day,	,yr.) 7-26-21		•	Immediate cases of death	Noberation
8. AGE: Year	rs Months	Days	If less than one day	Axphyixiation	Known
24	7	6	hrsmln.		
E	Braint	ee. M	ass	Due to	* 1 0
9. Birthplace	(Town,	county, and	(ass	Strangulation	Inder.
10. Usual occupation.	HS	ICR		***************************************	
				Hanging	Indea
11. Industry or busine					3
12. Name				Dther conditions	
				(Include pregnancy within 3 months of death)	
14. Malden name	Hazel FI	RAZIEF	•	Major findings of operations	
TOL					
		,		None Date of op.	
16. Informant. U.S.	Me.Record	1		Autopsy results Death due to Asphyxia. PHYSICIAN: Please nuderline the cause to which death should be chan	
Address P. S.C	. N.T.C. MAN	·Bhs. B	Painbridge, Md.		ged statistically.
Rem	OWAI	B. I. A.	. March 5 1946	22. VIOLENCE: If death was due to external causes, fill in the following:	7 0 40
(Burial, crematio	oval on, or removal. Which?	) Date ther	(month) (day) (year)	Acrident, suicide, or company Suicide Date of Suicide Beinbridge	3-2-46 Id.
Cemetery or crema	tory			Where did injury occur?	(State)
-	7-	aten	Moga	Injured at home form industry nubile place (where?) Naval I	raining
Location	o, Gorche	2001	140.55	Means of Injury Hanging Injured at work?	No.Center
18. Funeral director.	wa.	aller	sou tyou	wesus of fulnis USTISTIES (u)nied at work.	
Address	Perry	ville	Jud.	bl. il The	-
5. 1	/	. 0	6.1	23. SIGNATURE	D. or other
19.	registrar)	e. 6/2	Registrap	Indiana Marine Hy. Center . note cio	ned 5-4-86
(Date rec d by r	cRiprigit)		O registrat	Addicas	

Baulredge



DURATION

MEANING TO THE THEORY STATE CONTRACT

LOVAGE TO ATACH STATES



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02557

	-		7	
à	7	1		

CERTIFICA	TE OF DEATH  Reg. Diat. No.
1. PLACE OF DEATH:  County C. E.C.L.  City or town MEHP HNDORH  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 7.2 XEARS  Nospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  MITLE MAINTE MAINTED  6.(b) Name of husband or wife LELA HENDERSON	20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) FRB. 24 1867.  8. AGE: Years   Months   Days   If less than one day   27	Immediate cause of death Cerebral Thrombosis Warch 4
9. Birthplace MHP.YLHIND (Town, county, and atate)  10. Usual occupation PET FHRMER  11. Industry or business  12. Name TOHN S HEIVDERSON  13. Birthplace MARYLAND	Due to Arteriosclerosis  Due to Other conditions
14. Malden name JAINE SCOTT  15. Birthplace MAIRYLAIND  16. Informant LELLA HENDEIPSON	(Include pregnancy within 3 months of death)  Major findings of operations
Address E//TON 17 FD # 3  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory HEAD OF CHAPLS TIAINE	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If deafh was due to exfernal causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?

PLAINLY, V is especially WRITE PLEASE VS A15

Means of Injury 23. SIGNATURE

M. D. or other

(Date rec'd by registrar)

Address

Location NEAP / KEWITHIS WELHWARE

Registrar Address.....

Elkton

Injured at home, farm, Industry, public place (where?) .......

Date signed Mich 25

HEATING STATE STATE SECTIONS OF BEATERS

RECEIVED
HAR 28 1946
BUREAU V.E.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information care ally. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

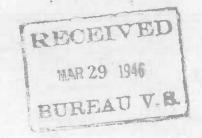
#### CERTIFICATE OF DEATH

				1 · V		
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DEC	EASED:	
CountyCECIL			TORE THE STATE OF STREET		Lerce	
City or town VETERANS ADMINISTRATION, PERRY POINT, M  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh? 12 yr. 10 mo. 25 da.			LON, PERRY POINT, MI	State Washington County County		
How long in above piece of dea	12 y	r. 10	mo. 25 da.	City or town	RURAL and give nearest town)	
Hospital, Institution, or street	address where	dealh occurred	d:	Street No. 1300 E. 66:		
Veterans Admi	nistrat	ion Pe	rry Point, Md.	(If rurai, give LOCA	TION)	
		-	bove			
3. (a) FULL NAME	ISR	AEL, G	eorge T.	3.0	(b) Social Security Number	
4. Sex   5. C	olor or race		e, married, widowed, or divorced	MEDICAL CERTI	FICATION	
Male	White		Single			
				20. DATE OF DEATH March 25	1946 at 2:00A.	
6.(b) Name of husband or wife		-		21. I CERTIFY that death occurred on the date above state		
					, to March 25 1846	
7. Birth date of			c) If allve, give ageyears	and that I last saw h. himelive on March	25 19 46	
deceased (mo., day, yr.)		5, 189		Immediate cance of death	QURATION	
8. AGE: Years	Months	Days	If less than one day	Immediate cange of death Myocardial Degeneration	Over 10 yrs	
54	10	20	hrs. min.			
9. 8irthplace		stato)	Due to Coronary Arterioscles	rosis Over 10 yrs.		
				,		
				Due to	••••••••••••••••	
11. Industry or business	onle Tem	- Foo		Psychosis with	svohilis of	
F		ae		the Central Nergous System	n. Weningo-	
	linois			Encephalitude of the within 3 months	of death) Over 12 vrs	
14. Malden nameSa:	rah F	Turner		Major findings of operations.		
M 15. Birthplace TT	linois					
and the same				Autopsy results		
16. Informant Hospit	al Reco	rds		Antopsy results	ath should be charged statistically.	
Address Veteran	s Admin	istrat:	ion, Perry Point, Mc			
			eof March 27 1946 (month) (day) (year)	1 ZZ. VIOLENCE: II ugath was use to external causes, in		
(Burial, cremation, or re						
Cemetery or crematory	Baltimo	re Nat	ional Cemetery	Where did injury occur?(City or town)	(County) (State)	
Location Baltim	ore, Md			Injured at home, farm, industry, public place (where?)	<b>****</b>	
1		-1	- d Pen	Means of injury	Injured at work?	
18. Funeral director Dans	nington			0	10	
				Samuel CX	Wan MO	
Havre d			50-11	SAMUEL C. KARLAN. M.D.	M. D. or other	
to the second of 7	19.76	= ! !!.	una .	cting Clinical Director,	Veterans Administra	

Perry Point, Md.

9.45-1 VS A15

PLEASE



TE OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOM (For newborn infants give resident State City or town. (If outside city or town	county County
Street No(If rural	l, give LOCATION)
2.(a) If veteran, name war	
line	3. (b) Social Security Number
MEDICA	L CERTIFICATION _ 30
20. DATE OF DEATH MALCH	4 1946, at 70
21. I CERTIFY that death occurred on the d	ate above stated; that I attended deceased from
and that I last saw h	1. 1.
Immediate cause of death	asdio - vasculas DURATION
Other conditions Aus	
(Include pregnancy wit	hin 3 months of death)
Major findings of operations	
Autopsy results	to which death should be charged statistically.
22. VIOLENCE: If death was due to exter	nai causes, fill in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or t	own) (County) (State)
Injured at home, farm, Industry, public pla	ace (where?)
Means of injury	injured at work?
23. SIGNATURE THE SAL	d N. Vonealy

MAR 8 1946
BUREAU V





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The correct age gibty.	2411 N. Charl	re of Death    Column		
CRVED FOR BINDING  C. Supply every item of information carefully. The corplease write the causes of death clearly and legibly.	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.		
nforma of deatl	3. (a) FULL NAME  + attal E.  4. Sex   5. Color or race   6. (a) Single, married, widowed/or divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION		
ING 1 of i	Famula White Widowed	20. DATE OF DEATH. March 27 19 46, at 1 C. M		
MARGIN RESERVED FOR BINDING WITH UNFADING INK. Supply every item of important. Physicians: please write the causes	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19		
VS A15 9.45-1  PLEASE WRITE PLAINLY, Wis especially is	16. Informant  Address  17. (Burlat, cremation, or removal, Which?)  Cemetery or crematory.  Location  18. Funeral director.  Address  19. (Date rec'd by registrar)  Registrar  Registrar	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and h

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VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

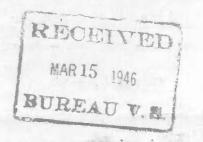
2411 N. Charles St., Baltimore 982

02561

#### CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: Caunty CECIL				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)  Maryland		
City or town VETERANS ADMINISTRATION PERRY POINT, Md.				Baltimore Co.	unty	
How long in above place o	How long in above place of death? 5 no 23 days			City or town	s, write RURAL and give nos	rest town)
Hospital, Institution, or s	Ireet address where	death occurre	d:	Street No. 317 E. Univer		
Veterans A	dministra	tion, P	erry Point, Md.	(If rural, give	LOCATION)	/
How long In hospital or I	nstitution?Sa	me as	above	2.(a) If veteran, name war		V
3. (a) FULL NAME				107 100 100 100 100 100 100 100 100 100	3. (b) Social Security	Number
	KELLY,	Willia	m R.		-	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White		Widower			( 00 -
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	11200102	20. DATE OF DEATH March 13		
			wn - deceased	21. I CERTIFY that death occurred on the date abo September 18 19		
7. Birth date of		6.	(c) If alive, give ageyears	and that t last saw h im alive on	March 13	19. 46
deceased (mo., day, yr.	Augu	st 8,	1894	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	It less than one day		ion Over	
51.	7	5	hrsmin.			
Ral-	timore M	4		Due to		* *************************************
9. Birthplace	(Town,	county, and	state)	Coronary Arterioscle	erosis Over	3 years.
			•••••		KA.W.K.	
11. Industry or business		5		Bue to		*
	Unknown			***************************************		***************************************
E				Dther conditions		
	Unknown			(Include pregnancy within 3 i	months of death)	
14. Maiden name	Unknown					
14. Maiden name	Unknown			Major findings of operations		
				21.4		
18. Informani HOS.I	pital Rec	ords		Antopsy results	Lich death should be channed	atatistically
Address Trot ex	ene Admi	ni et ma	tion.Perry Point.			
Removal	CITO ACITE	Date 15	3-13.1946 Md.	22. VIOLENCE: If death was due to external cau		
17 Removal (Burial, cremation, or removal, Which?)  Date thereof 3-13, 1946 Md. (month) (day) (year)		Accident, suicide, or homicide				
Cemetery or cremaloryParsonsCemetery			tery	Where did injury occur?(City or town)		
Lecation Sa.I	isbury.	id.		Injured at home, farm, industry, public place (w		
H 6	トーナ メント	MOCH	inc.	Maans of Injury	tnjured at work?	-
18. Funeral director	TIT and Jo	onnson	, inc.	//		
Address Sali	sbury, Mo	i.	1	11.5/100	eeus.	4) Fur
\ \	12 4	2	5 10 AL	TROLLINGER, M.D.C.I	inical Directo	pother
19. (Date rec'd by regi	9 19 7	- 5	Ligistrar	eterans Administration	Perry Point, M. Date signed.	id. 3-13-4
(Date rec d by regi	ou ai j		To glocial	MDD:622		



White when a man is well the

02562

2411 N. Charles St., Baltimore 1876

### CERTIFICATE OF DEATH

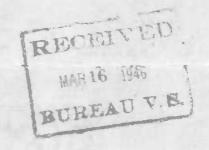
Reg. Dist. No. 96

1. PLACE OF DEA	TH:			2. USUAI	L RESIDENCE (HON	ME) OF DECE	EASED:	
County	Cecil			(For t	newborn infants give resle	dence of mother)		
City or town(If o How long in above place Hospital, institution, or	of death?	Month		City or town	Aliqui	ippa wn limits, write	RURAL and give no	earest town)
How long in hospital or				2.(g) If yets	eran, name war			
3. (a) FULL NAME							b) Social Security	
	Mary	Ell	en Krivonak				,, 2000	
4. Sex	5. Color or race		, married, widowed, or divorced		MEDIC	AL CERTI	FICATION	6
Female	White	S	ingle	2D. DATE DE	DEATH 777 AS		3	5 7,20P
6.(b) Name of husband	or wife			21. I CERTIF	FY that death occurred on the	e date above stated	t; that I attended dec	ceased from
7. Birth date of			) If alive, give age	years and that I la	ast saw hale alive on	3/13		1946
deceased (mo., day, y			,1945		cause of death	/		
8. AGE: Years	Months	Days	If less than one day	96	Spina	Before	da	Line
-	2	12	hrs	min	Z			
9. Birthplace	'arris is (Town,	county, and s	S.Carolina	Due'to	***************************************		***************************************	***************************************
10. Usual occupation			••••••	Due to				
11. Industry or business							*************************	
12. Name			vonak	Dther condit	tions	***************************************	,	
₹ 13. Birthplace	Aliquir				(Include pregnancy v	within 8 months o	of death)	
14. Maiden name 15. 6irthplace	Dian	a M.	Yandrich		ngs of operations			
15. Birthplace	Junea	u, Pa	• /					
16 Informant	ward	9.15	rivanak,	Antonsy res	sults none	-da		
Address 105	War DOU	2 11/2	u Alianisona	PHYSICIAN	N: l'lease underline the car	nse to which deal	th should be charge	d statistically.
-	love 1	n no	Janes 11 10	101	NCE: It death was due to ex			
17. Ren (Burlal, cremation	or removal. Which?)	Date there	(month) (day) (year		ulcide, or homicide			
Cemetery or crematory					njury occur?(City o	r town)	(County)	(State)
Location	Aliquipp	a, Be	aver Co., Pa	Injured at he	ome, farm, Industry, public	place (where?)		
18. Funeral director	eva. O	allers	ow to sow	Means of In	jury		Injured at work?	
Address	Perryor	ille.	md.		06m	20/	mm	el mi
Janes !	4 / 46	4	9 Danela	23. SIGNAT	TURE		-м. D	or other
(Date rec'd by re	197	d'il	Regi	strar Address. Z.	1. S. Man	-611		Juna frafiling

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

MARGIN RESERVED FOR BINDING



march 12

1. PLACE OF DEATH:

## UNFADING INK. Supply every item of information can ully. The correct age ant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

2411 N. Charles St., Baltimore 3 2

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No......

County	(For newborn infants give realdence of mother)			
Rainbridge Waryland	State Mass. County Hampshire	State Mass. County Hampshire		
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)			
How long in above piace of death? 2 days Hospital, Insiliution, or street address where death occurred:	(If outside city or town limits, write RURAL and give near	rest town)		
U.S.N. Hosp. NTC, Bainbridge, Md.	Street No. R.F.D.#2 - Wright St.			
How long in hospital or instilution? 2 days		V		
3.(a) FULL NAME  LAMSON, Clarence Clyde	3. (b) Social Security 1	Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Single	20. OATE OF DEATH 14 March 19 46	. 1:27 A.		
Mother Augusta Lamson 6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended decea 12 March 19.46 to 14 March	sed from		
	and that I last saw h im alive on 13 March	4.6		
7. Birth date of deceased (mo., day, yr.) February 22, 1928	and that I last saw halive on			
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	36 hrs.		
18 0 22hrsmin.	Encephalitis Acute (post-vaccin-ial)	JO 11130		
Amherst Mass.	Due to			
9. Birthplace Amherst, Masse (Town, county, and state)	Due 10	***************************************		
10. Usual occupation U. S. Navy				
11. Industry or business	Due to	***************************************		
H 12. Rame Clarence Lamson	Other conditions German Measles	2 days		
E 12. Name Clarence Lamson 13. Dirthplace Mass.	Olher conditions			
2 13. Dirthplace	(Include pregnancy within 3 months of death)			
E 14. Maiden name Augus 14 Lovett	Major fisdings of operations			
14. Maiden name Augus & Lovett  15. Birthplace Mass.				
16. Informant Records Office Naval Hospita	Autopsy results Confirmed Clinical diagnosis			
	PHYSICIAN: Please underline the cause to which death should be charged			
Address Bainbridge, Md.	22. VIOLENCE: It death was doe to external causes, till in the following:			
Removal  (Burial, cremation, or removal, Which?)  Date thereof Larch 15, 1946.  (month) (day) (year)	Accident, suicide, or homicide			
(Burial, cremation, or removal. Which?) (month) (daý) (year)	Accident, Spiciae, or nomiciae			
Cemetery of crematory				
Locallon 'Amherst, Hampshire Co., Mass	Injured at home, farm, industry, public place (where?)			
Latter tatter all it la	Means of Injury Injured at work?			
18. Funeral direct C.	and I was the			
Address ( Letry will, will,	23 SIGNATURE HARRY C. OARD, Capt. (MC) L	JSNR		
10 Trong 15 10 146 Drue E. Daughely	M. D. c	or other		
19	Address U.S.N.H. Bainbridge, Md. Oate signed.	3/14/46		



1256	42
Reg. Dist. No	1
1E) OF DECEASED: ence of mother)	
County Cecil	
o N	
on limits, write RURAL and give nea	rest town)
al, give LOCATION)	***************************************
3. (b) Social Security	Number
L CERTIFICATION	0.
ch 7 18 46	at 8p.
date above stated; that Lattended decea	sed from
19.46 to	7 1946
11-2-	10 4
the haplint	DURATION
It I hopfint	DURATION
the haplint	DURATION
that heflit	DURATION >
It I hoplit	DURATION
It I hoplit	DURATION
Loust;	DURATION
It I hoplit	DURATION
thin 3 months of death)	DURATION
thin 3 months of death)	DURATION
Loust;	DURATION
thin 3 months of death)	DURATION

(State)

M. D. or other

BITTALL TO TEMPTARES STATE CHANGE

THE REPORT OF THE PARTY OF THE

RECEIVED
MAR 12-1946

BURRAGE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Street No ...

2.(a) If veleran, name war.

2D. DATE DE DEATH ....

02565

### CERTIFICATE OF DEATH

Reg. Diat. No. 96 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) West Virginia ounly Preston Rowlesburg, W. Va. (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION)

3. (b) Social Security Number

City or town VETERANS ADMINI STRATION, Perry Point, Md. How long in above place of death 14 Vrs . 2 mo. 13 da. Hospital, Institution, or street address where death occurred:

Veterans Administration, Perry Point, Md. How long in hospital or institution? Same as above.....

3. (a) FULL NAME

Male

4. Sex

8. AGE:

1. PLACE OF DEATH:

information carefully. The correct of death clearly and legibly.

oly every item of write the causes

ADING INK. Supply Physicians: please wr

important.

PLAINLY, vis especially

VS A15

MARGIN RESERVED FOR BINDING

Messenger, Artie E.

6.(a) Single, married, widowed, or divorced

Married

If less than one day

MEDICAL CERTIFICATION

1946 at 7:05A. M

6.(b) Name of husband or wife Mrs. Stella Messenger ...6.(e) If alive, give age ..... Unknowers 7. Birth date of September 7, 1887 deceased (mo., day, yr.)

Days

58 12 .....hrs.

5. Color or race

White

9. Birthplace Radnor, W. Va. (Town, county, and state)

Unknown 10. Usual occupation.... 11. Industry or business

Years

12. Name...... 13. Birthplace Unknown Unknown Unknown

14. Maiden na 15. Birthplace 14. Maiden name. Unknown

16. IntermanHospital Records Address Veterans Administration, Perry Point, Md

Oate thereof 3-20-46 (month) (day) (year) 17......Removal.
(Burial, cremation, or removal, Whieh?) Cemetery or crematory Terra Alta Cemetery

1B. Funeral director Havre de Grace, Md. Pennington & Søn

Terra Alta, W. Va.

Registrar

March 19 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 6. 19 32 to March 19 19 46 and that I last asw him ... alive on March 19 Immediate cause of death..... DURATION Tuberculosis, pulmonary, chronic far advanced Unknown

Other conditions KENEKAKXKAKAINEIS Syphilis of the Central Nervous System, Meningo-Encephalited propage within 3 months of death) Over 1

Autopsy results - Not performed PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide.....

Where did injury occur? ......(City or town)

Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury

OLLINGER, M.D., Clinical Mirectur AddressVeterans Administration Date algoed March 20, 46

Perry Point, Md.



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To the state of the state of

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

02566

1. PLACE OF DEATH: COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infunts give residence of mother)  Maryland		
City or town Veterans. Administration. Perry Point, Md.  (If outside city or town hours, which is and give nearest town)  How long in above place of death? 2 yrs. 7 mo. 23 days  Hospital, institution, or street address where death occurred:  Veterans Administration, Perry Point, Md.  How long in hospital or institution?. Same as above	d. State County Baltimore		
3. (a) FULL NAME NASH, Samuel	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH, March 8 1946 1946 1946 1946 1946 1946 1946 1946		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 13 19. 43 to March 8 146 and that I last saw im allve on March 8 146 Immediate cause of death Cerebrah Hemorrhage 44 Hrs.		
9. Birthplace North Carolina (Town, county, and state)  10. Usual occupation. Laborer  11. Industry or business —	Due to Arteriosclerosis, generalized Over 2 yrs.  Due to		
12. Name Isaac Nash 13. Birthplace Raleigh, N.C.  14. Maiden name Emma Dawls 15. Birthplace North Carolina.  16. Informant Hospital Records	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.		
Address Veterans Administration, Perry Point, Mo  17. Removal  (Burial, cremation, or removal, Which?)  Cemetery or crematory Round Tree Cemetery,  Location Wilson, N.C.  18. Funeral direction, Perry Point, Mo  19. Address 916 Pennsylvaria Ayenue  Baltimore, Md.  19. Chate rec'd by registrar)  Registrar  Registrar	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

BURLAU V.B.

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· F AND THE PARTY NEWSFILM

### MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 98 CERTIFICATE OF DEATH Reg. Dist. No.... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The cof death clearly and legithy (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or to n limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Street No. (If rural, give LOCATION) How fong in hospital or institution? 2.(a) If veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number 213-09-8080 6.(a) Sigle, married, widowed, or divorced MEDICAL CERTIFICATION BINDING causes 21. I CERTIFY that death occurred on the date above stated; that I 6.(b) Name of husband or wife..... .6.(c) If alive, give age ......years FOR 7. Birth date of 1980 deceased (mo., day, yr.) Supply lease wr DURATION Immediate cause of death If less than one day 8. AGE: Years RESERVED P 10. Usual occopation. MARGIN 11. Indostry or business 12. Name...... 13. Birthplace important. (Include pregnancy within 3 months of death) 14. Maiden na PLAINLY, is especially 16. Informant PHYStCIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... (month) (day) (year) (Burial, cremation, or removal, Which? Where did injury occur? ...... WRITE (City or town) (County) tnjured at home, farm, industry, public place (where?) ..... Means of Injury fnlured at work? 18. Funeral director

PERCHASE OF BRAVE

Microchile ab

14 46 30 6

RECEIT TOTAL

## MARYLAND STATE DEPARTMENT OF HEALTH UNFADING INK. Supply every item of information carefully. The correct age cant. Physicians: please write the causes of death clearly and legibly.

2411 N. Charles St., Baltimore 30-

02568

### CERTIFICATE OF DEATH

					Adg. Disc. No.
1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF	F DECEASED: mother)
		**********		Slate OHIO Cou	Columbiana
How long in above plac Hospital, Institution, o	e of death? r street address where	4 mont	ICA, Perry Point, M hs , 13 days : ry Point, Maryland	City or town East Liverpool (If outside city or town (imits	, write RURAL and give nearest town)
		Same-a	s-above	2.(a) If veteran, name war World War	1
3. (a) FULL NAM	ROACH,	Willia	m R.		3. (b) Social Security Number
4. Sex Male	5. Color or race White	6.(a)Sing	le, married, widowed, or divorced Married		ERTIFICATION  19.46, at 12 : 30P.
B.(b) Name of husband Allen 7. Birth date of deceased (mo., day,	)		azelRoach(nee	21. I CERTIFY that death occurred on the date abo  Octolia  and that I last saw him alive on March	46 to March 17 to 46 ch 17 to 46
8. AGE: Year	s Months	Days	If less than one day	Syphilis of the Cen	
5.	2	3		System, tabetic type	
9. Birthplace Freeman Stan county, and state)  10. Usual occupation Machinist  11. Industry or business   12. Name Robert Van Deen Roach  13. Birthplace Unknown				of the Central Nervous System Over 3 yrs	
14. Malden name				tabeticinds propancy within 3 r	
16. Informant.Hos		rds		Autopsy results	med hich death should be charged statistically.
Address Veterans Administration, Perry Point, Md Removal  (Burial, cremation, or removal, Which?)  Removal  (Burial, cremation, or removal, Which?)				Accident, suicide, or homicide	Date of
Cemelery or crematory Spring Grove  Lection E. Liverpool, O.				Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)	
18. Funeral director Pennington & Son				Mesns of Injury	tnjured at work?
Havre de Grace, Md				23. SIGNATURE M.D. Address Veterans Administ	Clinical Director ration Date signed 3-18-40

VS A15

PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARGIN RESERVED FOR BINDING

Perry Point, Md.

RECEIVED

MAR 21 1946

BUREAU 8

2. USUAL RESIDENCE (HOME) OF DECEASED:

1. PLACE OF DEATH:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

**VS A15** 

CERTIFICATE OF DEATH

Reg. Dist. No. 96

County	CECLL		•••••••••••••	Pennsylvania		1 .
City or townVet	erans Admin	ietrat	inlikerry Roint, M	State		
How long in above plan	ce of death? 2 day	5	••••••			
	or street address where			Streel No. 3820 Chestnu	t Street	
		_	y Point, Md.	(If rural, give L		
		9252	bove	2.(a) If veteran, name war.		X
3. (a) FULL NAM		RODGER	S, John Foster		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		Married	20. DATE OF DEATH	1946	
6.(b) Name of husban 7. Birth date of deceased (mo., day		6.(	Vanada K. Rodgers	21. I CERTIFY that death occurred on the date above March 8 19.44  and that I last saw him alive on Mar Immediate cause of death	6 March 13	1946
8. AGE: Yea 66		Days	If less than one day	Cerebral Hemorrhage		
	Engine		state)	Due toCerebral arterios	clerosis	Over l yr.
12. Name	Unknown	*****************		Other conditions Psychosis with	cerebral	***
12. Name	Unknown			arteriosclerosis 3 weeks (Include pregnancy within 3 months of death)		
14. Malden nam	Unknown					
15. 6irthplace	Unknown	******	•••••••••••••••••••••••••••••••••••••••	Major findings of operations		
16. Informant HOS		ls		Autopsy results. Not performed	1	
Address Vete	rans Admini	strati	on, Perry Point, Me	PHYSICIAN: Please nuderline the cause to white		statistically.
			eof	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide		
			Cemetery Pa.	Where did injury occur?(City or town)		
Location	1			Injured at home, farm, Industry, public place (whe		
18. Funeral director Penningt Address	on & Son, W Marylah	avre o	de Grave	Means of Injury  23. SIGNATURE 1-2 LCC	Injured at work?	yer
19 Common Common (Date rec'd by i	14 19 46 registrar)	بر ک	Registra	· A. E. TROLLINGER, M. I AddressVoterans Administra		
				Perry Point, Md.		7



2411 N. Charles St., Baltimore Bo

02570

### CERTIFICATE OF DEATH

Reg. Diat. No. 96

1. PLACE OF DEATH: County Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Caroline		
City or town terrans Administration, Perry Point, Md.  (17 outside city or town limits, write RUKAL and give nearest town)  How long in above place of dealh?  Hospital, Institution, or street address where dealh occurred:	State County County County County County County County County or town County Co		
eterans Administration, Perry Point, Md.	2.(a) If veteran, name war.  3.(b) Social Security Number		
3. (a) FULL NAME TAYLOR, George T.			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATHMarch22	2:55P.	
6.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attended decea March 18 1946 10 March 22	ased from	
7. Birth date of deceased (mo., day, yr.)	and that I last saw h im alive on March 22	DURATION	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		
9. Birthplace Preston, Md. (Town, county, and state)	//// with Uremia l. Pulmonary edema		
10. Usual occupation	Due to Myocardial failure 3	days	
12. Name	Other conditions		
Unknown  14. Maiden name Unknown  15. Birthplace	Major fiediogs of operations		
16. Informant Hospital Records	Autopsy results		
Address Veterans Administration, Perry Point, M  17. Removal (Burial, cremation, or removal, Which?)  Bate thereof. 3-22-16 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
cemetery or crematoryDentonCemetery	Where did injury occur?	(State)	
Location Denton, Maryland	injured at home, farm, industry, public place (where?)		
1B. Funeral director, Virgil Moore	Means of Injury Injured at work?	-/	
Address Denton, Md.  18	23. SIGNATURE  E. TROLLINGER, M.D. Clinical Direct Veterans Administration, Perry Points, Address Administration, Perry Points,	Md. 7	

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly-and-legibly.

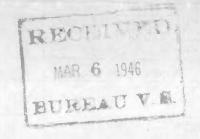
The correct age



23. SIGNATURE

Registrar

(Date rec'd by registrar)



### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (70%) CERTIFICATE OF DEATH Reg. Dist. No. ..... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: information carefully. The coof death clearly and legibly (For newborn Infants tive residence of mother) County .... (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL causes MARGIN RESERVED FOR BINDING item of Supply every i 7. Birth date of deceased (mo., day, yr.) DUBATION 8. AGE: 'ADING INK. Physicians: 1 10. Usoal occupation 11. Industry or business important. (Include pregnancy within 3 months of death) PLAINLY, is especially 16. Informan PHYSICIAN: Please underline the cause to which death should be charged statistically. (month) (day) (year WRITE 18. Funeral director PLEASE

Estury Winhers RECEIVED Dieselle 16 MAR 19 1946 BUREAU V. S. and Ruadue Battle sent west This Palle Hord Melito lever 1 40 Versing Sun mid 3 it ale

VS A15

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 830/

02573 Reg. Diat. No...

CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Carlo ottown Imite, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2. (a) If veteran, name war.
3. (a) FULL NAME	
John Taylor Gatson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Mule white ducilowed	MEDICAL CERTIFICATION  20. DATE OF DEATH. 1145 CM
6.(b) Name of husband or wife Alla Statistics	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) Sept. 10, 1868	and that I last saw h. Walive on 3 - 2 7 - 4 6 19
8. AGE: Years   Months   Days   If less than one day	Immediate cases of death OURATION
9. Birihplace & letton Mid. (Town, county, and state)	Due to Aggerten Sterry
10. Usual occupation	Due to.
12. Name Thomas Watson Md	Other conditions
14. Malden name Tydia Laylord  15. Birthplace Manufand.	(Include pregnancy within 3 months of death)  Major findings of operations.
15. 8irthplace Manyland.	
Address Elleton, Mid R. F. W. # 5	Autopsy results
17	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory Sharp's  Location New Service Pa	Where did injury occur?
1 0 -	Means of Injury Injured at work?
Address Rusing & cm. 2nd.	-23. SIGNETURE CLASSICALINE
murch 30 , 46 Emmalhungen	73. SIGNATURE M. D. or other

Wariles of 1100 SURFATTE march 27 ch grant to 46 3-27-46 The west of

Versen Lucy Sun has 350 de

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

4	025749	,
Res	Dist No	4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State Md County Cecil
City or fown	2 46
How long in above place of death? Alfaline	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war. World was
3. (a) FULL NAME	3. (b) Social Security Number
Ot whis. It Wells	Down to
4. Sex 5. Color or race 6.(4)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m 1 118th manie	200
Mar while Married	20. DATE OF DEATH Nuch 27 19.46 21 1.15P M
6.(b) Name of husband or wife Comely Simpurs Wills	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If all le, give age 5 lo yea	1919
7. Birth date of	and that t last saw h 1m alive on Mar 27-46
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
58 7 24hrsmle	Coronary Thrombosis 30 mins
9. Birtholace Havre de Lace Harford GM	Due to Hypertension and
(Town, county, and state)	hypertrophy of Heart
10. Usuat occupation Menchani Return	Due to
11. Industry or business Seneral	
12. Name dra Wells	Dther conditions
12. Name de Grace, Md	
	(Include pregnancy within 3 months of death)
14. Malden name Cannie Emfiniles  15. Birihplace Wrights wille Ca	Major findings of operations.
15. Birthplace Wright will a	Qate of op.
16. Informant mrs Emily S Wells	Antopsy results
Address North East and	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
2 · 0 m/ 2011/	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory M thodist	Where dld injury occur?
Location not with East mol	tnjured at home, farm, Industry, public place (where?)
18. Funeral director Surgel at Frank	Means of injury Injured at work?
(N)	
Address Vouthust Vhd-	23. SIGNATURE COMMITTEE
19. 3/30 19 46 Lida V. avena	M. D. or other
19. (Date rec'd by registrar) Registra	Address North East Md Date signed Man 27-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

### CEPTIFICATE OF DEATH

1,		CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF D			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:
County	Cecil			
City or town	Port Depo	osit Rural		County Cecil
tion long is above ales	ce of death?	Life	City or town	sit, Rural  nlts, write RURAL and give nearest town)
Hospital, Institution,	or street address where o	leath occurred:		
10.00.00.00.00.00.00.00.00.00.00.00.00.0	***************************************			ive LOCATION)
How long in hospital	or Institution?		2.(a) It veteran, name war	
3. (a) FULL NAM				3. (b) Social Security Number
	Edward	P. Whitaker 6.(a)Single, married, widowed, or divorced		
4. Sex		The second secon	MEDICAL	CERTIFICATION
Male	White	Married	20. DATE OF DEATH March	1-18 1946 at 450A
6.(b) Name of husband	d or wite	ry Hasson Whitaker	21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from
	***************************************		ars BERT -M	
7. Birth date of deceased (mo., day,		29, 1862	and that I last saw hallvo on	
8. AGE: Yea		Days   It less than one day	Immediate cause of death	DURATION
83	7	18m	in.	
	Desch De			
9. Birthplace	FORT DEDC	osit, Cecil, Md,	Due to	<u></u>
40. Nevel ecourables	Labo	orer		
			Due to	
11. Industry or busine  ≃		Thitokom		
F		Whitaker		
13. Birthplace		Co., Md.	(Include pregnancy within	3 months of death)
臣 14. Malden name	Margare	et Whitelock		
E 15. Birthplace	Harfor	rd Co., Md.	Major hadings of operations	Date of op.
, tot o trapado	Mary Wi	et Whitelock rd Co., Md.	Antopsy results	
10. Inturmant			PHYSICIAN: Please underline the cause to	which death should be charged statistically.
		sit, Md. Rural	22 VIOLENCE: If death was due to external	
17. Bt	urial on, or removal. Which?)	Date thereof Narch 20, 194 (month) (day) (year)	Accident, suicide, or homicide,	Date of
	/\ m. \mathred =			
Cemetery or crema				n) (County) (State)
Location	Port Denos	sit, Md, Rural	Injured at home, farm, Industry, public place	(where?)
18. Funeral director	1.811	Callerson deso	Means of Injury	Injured at work?
Address	Perry	ville, Md.	1 89	18 mon, m.X
	1 10 /10	4 9 7 10 /	23. SIDNATURE	M. D. or other
19, Charles rec'd by	registrar)	(Legistr	TAddress Port Depo	Date signed JIII

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly an legibly.

VS A15

PLEASE



2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)			
	State Maryland County &			
City or town Perry Point, Md.  (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? 1 Yr. 3 Most 1 day	City or town Baltimore (If outside city or town limits, write RURAL and givo nearest town)			
ltospitat, institution, or street address where death occurred:	Street No. 732 B. Biddle St.			
Vets. Adminstration Hosp.,	(If rnral, give LOCATION)			
How long in hospital or institution? 1 yr. 3 mos. 1 day	2.(a) If veteran, name war Spanish-American			
3.(a) FULL NAME WHITE, Clinton Amos	3. (b) Social Security Number None			
4. Sex   5. Color.or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Married	20. DATE DF DEATH March 5 1946 at 3:00 A M			
6.(b) Name of husband of wife Mrs. Emma B. White	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  December 4 19.44 to March 5 19.46			
7. Dirih date of Sont on hon 20 1 2072	and that I last saw him allve on March 5 1946			
deceased (mo., day, yr.) September 29, 1872	Immediate cause of death			
8. AGE: Years Months Days If less than one day	Hemorrhage, Cerebral 15 hrs.			
9. Birthplace Baltimore, Md. (Town, county, and state)	Due to Arteriosclerosis, cerebral, with			
(Town, county, and state)	Thrombosis over 6yrs			
1B. Usual occupation Unknown	Aneurysm, aorta "2"			
11. industry or business Unknown	Diabetes, Mellitus " 2 "			
F 12 Name Robert H. White	Other conditions			
No. 13. Birthplace Baltimore, Md.				
14. Maiden name. Laura V. Murry	(Include pregnancy within 3 months of death)			
14. Maiden name. Listuit a V. Duttry	Major findings of operations			
El 15. Birthplace Baltlmore, Md.	Date of op.			
14. Maiden name Laura V. Murry 15. Sirthplace Baltimore, Md.  Records, Vets. Administration Hosp.	Autopsy results.			
	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Tollio, Wa.	22. VIOLENCE: If death was due to external causes, fill in the following;			
Removal Burial (Burial, eremation, or removal, Which?)  Bate thereof March 5, 1946 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Baltimore National Cemetery	Where did injury occur? (City or town) (County) (State)			
Location Frederick Road, Baltimore, Md.	Injured at home, farm, Industry, public place (where?)			
	Moans of Injury Injured at work?			
18. Funeral director W.M. A. COOK, INC.	music of many			
Address St. Paul & Preston Sts., Balto., Md.	23 SIGNATURE 1. S. / Celler ye			
19. Mand 5 19 46 home & Doughard.	A. E. TROLLINGER, Lt. Col., MC, MC, Cl. Pier.  Address VAH, Perry Point, Md. Date stand 3-5-46			
(Date rec'd by registrar) Registrar	Address Villa Lolly I Ollive Date signed 3 100			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING 9.45.1

VS A15

RECEIVED MAR 7. 1946

BUREAU V.R.

important.

PLEASE

(Date rec'd by registrar)

N

1. PLACE OF DEATH:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 120

Ŀ	OF	DEATH	Reg. Diet. No.
2.	(For	L RESIDENCE (HON newborn infants give resi	
Cit	y or tow		wn limits, write RURAL and give nearest town)
0	TOT NO.	(If ru	ral, give LOCATION)
2.0	(a) 11 vet	eran, name war	
1	w	1	3. (b) Social Security Number

MEDICAL CERTIFICATION

City or town	Ell	ity or town lim	v fa		al	
		Mi 1	L. WIND IN	Col	e nearest town	n)
How tong in above place of death?						
How long to hos	pitat or Instituti	on?	************	***************		•••••••
3. (a) FULL	NAME		0		10	
	S.l.	029	ey	r.	400	Ch
4. Sex	5. Cold	or race	1.	married, widow	ed, or divorced	
mi	All	ute.	8	unj	er	
6.(b) Name of hu	sband or wife		*****************		••••••	
				It alive, give a	ge	years
7. Birth date of deceased (mo.,	, day, yr.)	Zune 18	1873	5		
8. AGE:	Years / M	looths	Days	tf less than	one day	
	704	9	2	hr	3	min.
	100.	01.	Per	0.00	mal	
9. Birthpiace	- Conc	(Town, co	nnty, and st	ate)	/.C./	*********
10. Usual occup:	ottoe	non	_			
11. Industry or b			- 1.			
본 12. Name	100	epa.		TRU	33.	
12. Name 13. Birthplac	e D	mo	10			
	oame. Co.	Hunis	usi	reus		
5		A	1			
21 15. Birthpia	ce PY	yr	9			
16. lotormant	y ru	طسه	40	Cum		
Address	E-C	ston o	110	5. 7	nd	
i7(Burial, cres	lation, or rem	oval. Which?)	Date thereo	month	27-4) (day) (yez	6
Cemetery or c	rematory	C he	my /	fill		
Location	her	y Hill		may	ylan	1
18. Funeral dire	ctor	seph	R	Tid	up	*****
Address	+	Worl	h E	ash	The	
Mari	1261	1046		JKJ	ras	مر

21. I CERTIFY that death occurred on the date above stated; that I	ettended deceased from
t9, to	19
and that I last saw halive on	19
Immediate Panso of death water of Chronic Chro	DURATION
Dire to.	*
Due to	••••••••••
9	
Other cooditions	***************************************
(Include pregnancy within 3 months of death	
Major findings of operations	

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tl death was due to external causes, till in the tollowing (City of town) Injured at home, tarm industry, public place (where?) ....... Means of Injury injured at work?

Literan mond The colours of the same and legal RECTOR 1945 2-2-1-1-1-2-2-2-2 March 24 46 7454 BUREAUTE Charles Char THE PROPERTY OF THE PARTY OF TH of the office of the mary part con mid Just 14 34 11 les godionhis The Black East 1830 Maring Sucular 3626 06